33/7-310

WATER WELL REPORT
STATE OF WASHINGTON

Start Card No. **027882**

Water Right Permit No. _____

(1) OWNER: Name KJSM G. Jikse   Address 10199 101SE OAK HARBOR WA 98277

(2) LOCATION OF WELL: County ISLAND   NW ¼ NW ¼ Sec 31 T 33 N, R 2 W.M.

(2a) STREET ADDRESS OF WELL (or nearest address) _____

(3) PROPOSED USE: ☒ Domestic Industrial [ ] Municipal ☐
☐ Irrigation Test Well ☐ Other ☐
☐ DeWater

(4) TYPE OF WORK: Owner's number of well (if more than one) ___1___

Abandoned ☐ New well ☒ Method: Dug ☐ Bored ☐
Deepened ☐ Cable ☒ Driven ☐
Reconditioned ☐ Rotary ☐ Jetted ☐

(5) DIMENSIONS: Diameter of well ___6___ inches.
Drilled __65__ feet. Depth of completed well __65__ ft.

(6) CONSTRUCTION DETAILS:

Casing installed: __6__ " Diam. from __0__ ft. to __60__ ft.
Welded ☒   " Diam. from ___ ft. to ___ ft.
Liner installed ☐
Threaded ☐   " Diam. from ___ ft. to ___ ft.

Perforations: Yes ☐ No ☒
Type of perforator used _____
SIZE of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

Screens: Yes ☒ No ☐
Manufacturer's Name Johnson
Type STAINLESS   Model No. ___
Diam. 6 Slot size 14 from 60 ft. to 65 ft.
Diam. ___ Slot size ___ from ___ ft. to ___ ft.

Gravel packed: Yes ☐ No ☒ Size of gravel _____
Gravel placed from _____ ft. to _____ ft.

Surface seal: Yes ☒ No ☐ To what depth? __18__ ft.
Material used in seal CLAY
Did any strata contain unusable water? Yes ☐ No ☒
Type of water? _____ Depth of strata _____
Method of sealing strata off _____

(7) PUMP: Manufacturer's Name _____
Type: _____ H.P. _____

(8) WATER LEVELS: Land-surface elevation above mean sea level __110+__ ft.
Static level __10'__ ft. below top of well Date __5-89__
Artesian pressure _____ lbs. per square inch Date _____
Artesian water is controlled by _____ (Cap. valve, etc.)

(9) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes ☐ No ☒ If yes, by whom? _____
Yield _____ gal./min. with _____ ft. drawdown after _____ hrs.

Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)

Time	Water Level	Time	Water Level	Time	Water Level

Date of test _____
Bailer test __5__ gal./min. with MAX ft. drawdown after __4__ hrs.
Airtest _____ gal./min. with stem set at _____ ft. for _____ hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water _____ Was a chemical analysis made? Yes ☐ No ☒

(10) WELL LOG or ABANDONMENT PROCEDURE DESCRIPTION

Formation: Describe by color, character, size of material and structure, and show thickness of aquifers and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information.

MATERIAL	FROM	TO
HARD PAN	0	21
TRACE of WATER	21	22
GRAVELY HARD PAN	22	61
GRAVEL mix with FINE S.	61	65
CLAY LAYER	65	

RECEIVED
MAY 23 1989
DEPARTMENT OF ECOLOGY
NORTHWEST REGION

Work started _____, 19___ Completed APRIL, 1989

WELL CONSTRUCTOR CERTIFICATION:

I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

NAME WHIDBEY WELL DRILLERS
(PERSON, FIRM, OR CORPORATION)   (TYPE OR PRINT)

Address OAK HARBOR   WN

(Signed) _____   License No. 129
(WELL DRILLER)

Contractor's Registration No. WHIDRW0 285 MN Date MAY, 1989

(USE ADDITIONAL SHEETS IF NECESSARY)